



BOARD OF OPTOMETRY
 400 R STREET, SUITE 4090, SACRAMENTO, CALIFORNIA, 95814-6200
 (916) 323-8720 / (800) 547-4576



APPLICATION FOR CERTIFICATE OF REGISTRATION AS AN OPTOMETRIC CORPORATION

(Section 3161, Business and Professions Code)

FOR OFFICE USE ONLY

COR # _____

Cashiering # _____

FEE: \$100.00

PRINT OR TYPE

1. CORPORATE NAME:

_____ hereby requests issuance of a
 certificate of registration as an optometric corporation.

2. Address of Corporation: *Must be principle place of practice of applicant optometrist(s) unless being issued to an existing Branch Office location.*

Number and Street	City	State	Zip
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3. If applicable, address(es) of Branch Office(s) to be under the Corporation license: *Branch Office application(s) must be provided.*

Number and Street	City	State	Zip
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Number and Street	City	State	Zip
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Number and Street	City	State	Zip
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Will the corporation operate as an Independent Practice Association? ☐ YES ☐ NO

4. Will all officers, shareholders, directors and employees practicing optometry do so only in the corporation's place or places of practice?

☐ YES ☐ NO

If NO, attach an explanation regarding each individual who will practice optometry in other locations.

5. Are any of the officers, directors, or shareholders shown on this application officers, directors, or shareholders of any other optometric corporation?

☐ YES ☐ NO

If YES, please list names: (**NOTE: File supplemental sheets if more space is needed.**)

NAME:	Last	First	Middle	OPT License number
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NAME:	Last	First	Middle	OPT License number
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NAME:	Last	First	Middle	OPT License number
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6. DIRECTORS: Name(s) must be provided to process application. Please see section 13403 of the Corporation Code. <i>NOTE: Attach Directors.</i>			
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number

7. OFFICERS: Name(s) must be provided to process application. If any officer(s) are not licensed persons so indicate) (NOTE: All officers must be filled per Section 821 and Section 13403 Corporation Code.			
PRESIDENT NAME:			OPT
Last	First	Middle	License number
VICE-PRESIDENT NAME:			OPT
Last	First	Middle	License number
SECRETARY NAME:			OPT
Last	First	Middle	License number
TREASURER NAME:			OPT
Last	First	Middle	License number

8. SHAREHOLDERS: Name(s) must be provided to process application. NOTE: Attach supplemental sheets if there are more than five Shareholders.			
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number
NAME:			OPT
Last	First	Middle	License number

9. EMPLOYEES RENDERING PROFESSIONAL SERVICES TO CORPORATION: Must list all employee optometrists, even if also directors, officers and shareholders..			
NAME:			
Last	First	Middle	License number
NAME:			
Last	First	Middle	License number
NAME:			
Last	First	Middle	License number
NAME:			
Last	First	Middle	License number
NAME:			
Last	First	Middle	License number
NAME:			
Last	First	Middle	License number

10. The articles of incorporation and related bylaws must comply with Section 13407 of the Corporations Code and Title 16, California Administrative Code, Article 7, section 1548.

11. Applicant is an existing corporation and the articles of incorporation, bylaws, organizational and general plan of operation are such that corporation's affairs will be conducted in compliance with the Moscone-Knox Professional Corporation Act and other applicable provisions of the Corporations Code, Optometry Practice Act (Chapter 7, Division 2, Business and Professions Code), and Title 16, California Administrative Code, Chapter 15, Article 7 (Optometric Corporation Rules) and other such laws, rules and regulations as may be relevant.

12. Applicant is to provide the following exhibits with this application as it will not be processed unless the exhibits are enclosed:

A. Articles of Incorporation, certified by the Secretary of State per section 31161 of the Business and Professions Code.

B. By laws, certified by the Secretary of the applicant corporation per section 3161 of the Business and Professions Code.*

* **NOTE: Bylaws must contain a provision to the effect that shares of this optometric corporation shall be owned only by the corporation or by a licensed professional as designated in Section 13401.5 of the California Corporation Code.**

13. DECLARATION OF APPLICANT

I am an officer of _____
(Name of Corporation)

and as such make this declaration on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof, and the same is true of my own knowledge.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Executed this _____ day of _____

By

NOTE: Must be executed by an officer who is a California licensed optometrist.

(Type Name)

(License No.)

(Corporate title of person executing)

(Signature)

14. Name of person to be contacted regarding this application:

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Full Name

Area Code

Telephone number

Note: All information requested per this application must be provided by applicant otherwise the application will not be processed. Any false statement willfully made in this application may result in discipline or criminal liability under Business and Professions Code Section 3161 or other applicable provisions of law pursuant to Division 2, Chapter 7, Article 8 of the Business and Professions Code.